

COVER PAGE

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Please type or print in ink.

NAME (LAST)		(FIRST)		(MIDDLE)		DAYTIME TELEPHONE NUMBER	
JACOBS GIBSON		ROSE				DEPUTY CLERK	
MAILING ADDRESS (Business Address Acceptable)		STREET		CITY		STATE	
						ZIP CODE	
						OPTIONAL E-MAIL ADDRESS	

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:  
SAN MATEO COUNTY BOARD OF SUPERVISORS

Division, Board, District, if applicable:  
DISTRICT 4

Your Position:  
SUPERVISOR

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: SEE ATTACHED ONE SHEET

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

- ☐ State
- ☒ County of SAN MATEO
- ☐ City of \_\_\_\_\_
- ☐ Multi-County \_\_\_\_\_
- ☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

- ☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☒ Annual: The period covered is January 1, 2009, through December 31, 2009.
- or-
- ☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through December 31, 2009.
- ☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- ☐ The period covered is January 1, 2009, through the date of leaving office.
- or-
- ☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through the date of leaving office
- ☐ Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

- Total number of pages including this cover page: 2
- Check applicable schedules or "No reportable interests."
- I have disclosed interests on one or more of the attached schedules:
- Schedule A-1 ☐ Yes - schedule attached  
*Investments (Less than 10% Ownership)*
- Schedule A-2 ☐ Yes - schedule attached  
*Investments (10% or Greater Ownership)*
- Schedule B ☐ Yes - schedule attached  
*Real Property*
- Schedule C ☐ Yes - schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*
- Schedule D ☐ Yes - schedule attached  
*Income - Gifts*
- Schedule E ☐ Yes - schedule attached  
*Income - Gifts - Travel Payments*
- or-
- ☒ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 23, 2010  
(month, day, year)

Signature \_\_\_\_\_  
(The original signed statement with your filing official)

**FORM 700**  
**ROSE JACOBS GIBSON**  
**2009 ANNUAL STATEMENT**

**PART 1. CONTINUATION PAGE**

**ADDITIONAL AGENCIES & POSITIONS**

<b><u>AGENCY</u></b>	<b><u>POSITION</u></b>
City and County Association of Governments (C/CAG)	Executive Board
Housing Endowment and Regional Trust (HEART) Of San Mateo County Board of Directors	Director
Juvenile Justice & Delinquency Prevention Commission	Commissioner
Local Agency Formation Commission (LAFCo)	Alternate
Peninsula Traffic Congestion Alliance	Alternate
San Francisquito Creek Joint Powers Authority Board of Directors	Alternate